AEGEIVED CENTRAL FAX CENTER FEB 0 5 2009

S&H Form: PTO/SB/30 (10/08)

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

(INCLUDING FILING FEE AND/OR PETITION FOR **EXTENSION OF TIME FEE)**

	ner for Patents		Attorney Docket No.:2157.1010				
Box RCE	•	(formerly 1095.1	326)				
PO Box 145 Alexandria	0 VA 22313-1450						
First Named Inventor	Manabu WATANABE						
Application No.	11/019,195	Group Art Unit	2186				
Filing Date	December 23, 2004	Examiner	Michael ALSIP				
CPA Filing Date		Confirmation No	3771				
Title of Invention	PROGRAM SECTION LA	OUT METHOD AND LAYOUT PROGRAM					
This is a Request fo application.	or Continued Examination (R	· · · · · · · · · · · · · · · · · · ·	A				
application. 1. Submission required	d under 37 C.F.R. §1.114 (Bo	CE) under 37 C.F.R. §1.	114 of the above-identified				
1. Submission required a. Previously sub i. Consider th	d under 37 C.F.R. §1.114 (Bo mitted a amendment(s)/reply under 37 C.	CE) under 37 C.F.R. §1.	114 of the above-identified eted)				
1. Submission required a. Previously sub i. Consider th (Any unenter	d under 37 C.F.R. §1.114 (Bomitted e amendment(s)/reply under 37 C. ed amendment(s) referred to above	CE) under 37 C.F.R. §1. Ox a or b must be complete. F.R. § 1.116 previously filed free will be entered).	114 of the above-identified eted)				
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PEGEIVED CENTRAL FAX CENTER FEB 0 5 2009

TOW A				RASI	C FEE		-	1020.00
for an extension requisite fee is	al Action set an on of time to cove enclosed (1 monoths (\$1,730));	er the da nth (\$1:	ate this RCI 30)); (2 mor	f, peti E is filed, hths (\$49	tion is here	the	\$	1030.00
Claims As Amended	Claims Remaining After Amendment		est Number usly Paid For	Number Extra	R	ate		1 1 1 1 1
Total Claims	10		- 20 =	0	X \$ 52.0	0 =		\$ 0.00
Independent Claims	5		- 4 =	1	X \$ 220.0	00 =		\$ 220.00
Suspension Fe	ee (\$130.00)							
Total of above Calculations =								1030.00
Reduction by 50% fo	or filing by small entity (Note 37 C	.F.R. 1.9, 1.27.	1.28).				
TOTAL FEES DUE =								1030.00
A chec Charge 7. GENERAL The Comm 37 C.F.R. pursuant to	OF PAYMENT ck in the amount e "TOTAL FEES AUTHORIZAT dissioner is hereby auth 1.17 (processing fees) 5 35 U.S.C. §120 to ma	of \$ \$1000 TON	o Deposit A	ayment or o	No. 19-393	itional fees ur	nder 37 C.F	F.R. 1.16 (filing fees) or
Deposi	t Account No. 1	9-3935				•		
8. CORRESP	ONDENCE AD	DRES					_	:
				HALSE HALSE 1171 ADEMARK OFFI				,
9. SIGNATUR	RE OF ATTORN	NEY O	R AGENT	REQUI	RED			
NAME	Paul W. Bobowiec REGISTRATION NO						47,43	31
SIGNATURE 2008 Staas & Hals	fal life	De			DATE	Febru	y 5/2	2 <i>s • 9</i> [Page 2 of 2]

CERTIFICATE OF FACRIMILE TRANSMISSION
I heraby cartily that this correspondence is being transmitted via facsimile to: Commissioner for Peterts,
P.O. Box 1459, Alexandria, VA 22918-1460
on 2007